

Emergency Evacuation Plan Statement

The SC Department of Health & Environmental Control (DHEC) requires health care facilities to provide an Emergency Evacuation Plan (EEP) prior to initial and renewal licensure. While your facility has submitted a plan, DHEC requires an annual letter of agreement signed by an authorized representative of the evacuating facility and by each sheltering facility be submitted. This agreement must be submitted to DHEC with the license renewal packet prior to relicensing.

In an effort to expedite the licensure renewal process, if the current EEP on file at DHEC is still accurate, then the information below must be completed by the administrator and by the authorized representative of the sheltering facility for each sheltering facility prior to relicensing. For facilities located in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Horry, Jasper, and Georgetown counties, at least one sheltering facility shall be located in a county other than these counties.

PLEASE NOTE: If any information in the EEP on file has changed, e.g., number of beds, licensee, or physical address change, a new plan is required prior to issuance of your license.

Annual Letter of Agreement for Emergency Evacuation Plan

As administrator, I acknowledge by completion of the Emergency Evacuation Statement below and signature, that the EEP on file with DHEC is still current. The evacuation location facility representative has agreed with this statement by completion of requested information and signature.

To Be Completed by Evacuation Facility

Facility Name

License Number

Street Address

City and Zip Code

Administrator/Exec. Director Name (Please print)

Administrator/Exec. Director Signature

Date

To Be Completed by Sheltering Facility

Sheltering Facility Name

Street Address

Mailing Address (if different from above)

City, State and Zip Code

Authorized Representative (Please print)

Authorized Representative Signature

Date

To be Completed by Administrator

Is there more than one sheltering facility listed in the EEP? Yes _____ No _____

If yes, please list all facilities and attach a separate signed Annual Letter of Agreement for each facility.
